

Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

1. Grant Name:	Shelby County Aging Commission of the Mid-South
2. Grantor:	State of Tennessee, Tennessee Commission on Aging and Disability
3. Submitted by:	Dora Ivey, Administrator
4. Amount:	Grant amount \$5,023,600 annually, Lease Agreement amount \$204,270
5. Funding Period:	Lease period – July 1, 2016 through June 30, 2020
6. Deadline: (if applicable)	N/A
7. Target Population:	Provide eligible adults age 60 and over and adults with physical disabilities who are at risk of entering long-term care facilities the option of receiving services in their homes are in a community setting in Shelby, Fayette, Lauderdale and Tipton Counties.
8. Grant Funding:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Single Year <input type="checkbox"/> Multi-Year Renewable

9. What are the specific goals of the grant? (The final grant proposal should include the goals and the measurable objectives.)	To house the administrative staff along with the staff for the TennCare CHOICES Program, Public Guardianship program, State Health Insurance Assistance Program and the HCBS Programs.
10. How will the project be evaluated to determine that the goals are being met?	Internally by the Land Bank
11. What bench marks will be utilized to determine that the goals are being met?	N/A
12. Who will conduct the evaluation?	N/A
13. What will happen to the program after it ends?	We will seek to renew grant from the State
14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.	NONE

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15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds.	N/A
16. What are the criteria for selecting partners? (if applicable)	N/A
17. What type of reporting is required?	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other NONE
18. Will Shelby County Government be the fiscal agent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, who will serve as the fiscal agent?
19. What budget categories will be included? (Check all that apply)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Personnel <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Resources <input type="checkbox"/> Sub-grants <input type="checkbox"/> Professional Development <input checked="" type="checkbox"/> Others (list) LEASE </div> <div style="width: 50%;"> <input type="checkbox"/> Fringe Benefits <input type="checkbox"/> Books <input type="checkbox"/> Indirect Costs <input type="checkbox"/> Construction <input type="checkbox"/> Travel </div> </div>
20. What new personnel will be hired? (if applicable)	NONE
21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application.	N/A
22. How much money is allocated for evaluation?	NONE

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23. Does the grant require a match?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, designate the source of the match.
24. Who will provide accounting for the grant?	Shelby County Government Aging Commission of the Mid-South Kathy Williams Fiscal Department
25. Does the grant require the signature of the Mayor and/or County Commission Chairman?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

26. INTERNAL VERIFICATION

To be verified by the Shelby County Board of Commissioners prior to grant acceptance.